

OVERVIEW & EXECUTIVE

SUMMARY

2023 SNP MODELS OF CARE ANNUAL EVALUATIONS

Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs. Special Needs Plans (SNPs) were allowed to target enrollment to one or more types of special needs individuals identified by Congress as: 1) institutionalized and/or institutionally equivalent; 2) dually eligible; and/or 3) individuals with severe or disabling chronic conditions.

In 2023, Simply Healthcare Plans (SHP) offered three SNP Plans through its contract with the Center for Medicare and Medicaid Services (CMS), serving members in each of the identified population types above. The following provides a list of the plans and a brief description of their differentiating features.

1. The **Simply Care and Simply Comfort** special needs plans serve institutional and institutional equivalent members, known as the ISNP and IESNP or **I/IESNP collectively**. The ISNP target population consists of Medicare beneficiaries who are residing, or are expected to reside, 90 days or longer in a long-term care facility (defined as either: skilled nursing facility or inpatient psychiatric facility). The IESNP target population consists of those who meet institutional level of care requirements but reside in the community at home or in a community-based setting such as an assisted living facility.
2. The **Simply Complete** special needs plan serves dual Medicare and Medicaid beneficiaries and is known as the **DSNP**. Since SHP contracts with the State of Florida to cover Medicaid services, SHP is managing dual eligible beneficiaries' Medicare and Medicaid coverage and coordinates with SHP LTC services as well as other plans for the Medicaid long-term care benefit as appropriate.
3. **Simply Level** is a Group 4 chronic special needs plan (**CSNP**) serving individuals living with diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.

Individuals eligible for any of the above Plans are entitled to receive medical assistance under title XIX, reside in the SHP service area and have Medicare Part A, Part B, and Part D. SHP is responsible for providing benefits or arranging for benefits to be provided, for all its Plan members and believes that integrated specialized care delivery systems across all domains may result in improved outcomes, lower costs and have a positive impact on the overall health and quality of life for members.

Annual Evaluation Process:

SNP programs each follow an approved Model of Care (MOC) which describes the care and resources to be provided to members from the health plan. As a SNP, SHP is responsible to conduct an annual evaluation of programs. The MOC Taskforce, comprised of representative members from key SHP departments (e.g., Quality Management, Health Services, Pharmacy, Member Services, Compliance, and Provider Relations, etc.), collects, analyzes, and reports on data that is used to evaluate the effectiveness of each SNP MOC towards goals. In this process, the MOC Taskforce develops key findings and identifies any follow-up actions needed.

SHP utilizes various tools to measure and track the progression of the goals and timely identification of barriers. These include reports, aggregate and detail level run at various time frames (e.g., monthly, quarterly, bi-annually, and annually). The outcomes of the goals are measured utilizing a variety of tools including, but not limited to: the Health Risk Assessment (HRA); chart audits; ER and hospitalization utilization; satisfaction survey questions; call center statistics; behavioral health



metrics, pharmacy and interim HEDIS measures. The results are summarized at an organizational level to identify areas of strength and opportunities to improve the MOCs for each of the individual goals measured. To pass, at least 80% of indicators must be met for each of the six SNP MOC outcome goals or the taskforce must approve as passing based on information available. If the overall goal is not approved as met, a corrective action plan for the goal is initiated. All six (6) 2023 outcome goals were approved as met for IISNP plan, and five (5) for DSNP and CSNP plans. Individual indicators contributing to the outcome goal may vary by type of SNP and can be addressed through targeted corrective actions as approved or determined necessary by the Taskforce if unmet.

2023 Results:

Outcomes Goals	I/IESNP (Simply Care & Comfort)					DSNP (Simply Complete)					CSNP (Simply Level)				
	# Indicators Met	# Indicators Not Met	Pecent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status	# Indicators Met	# Indicators Not Met	Pecent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status	# Indicators Met	# Indicators Not Met	Pecent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status
Improved access to affordable medical, mental health and social services	13	0	100.00%	0	MET	11	1	91.67%	0	MET	11	1	91.67%	0	MET
Improved coordination of care through an identified point of contact or gatekeeper.	13	2	86.67%	0	MET	11	4	73.33%	0	NOT MET	11	4	73.33%	0	NOT MET
Improve transitions of care across settings and providers	13	1	92.86%	0	MET	13	1	92.86%	0	MET	13	1	92.86%	0	MET
Improved access to preventive health services	9	1	90.00%	0	MET	12	1	92.31%	0	MET	12	1	92.31%	0	MET
Assure appropriate utilization of services	7	1	87.50%	0	MET	8	0	100.00%	0	MET	8	0	100.00%	0	MET
Improved member health outcomes	13	0	100.00%	0	MET	12	0	100.00%	0	MET	10	2	83.33%	0	MET
Overall	68	5	93.15%	0	MET	67	7	90.54%	0	MET	65	9	87.84%	0	MET

Key Findings & Recommendations:

Outcome Goal 1: Improve Access to Affordable Medical, Mental Health, and Social Services

Areas of improvement/strengths:

- All SNPs maintained outstanding results in the percentage of members participating in case management who are assessed for cognitive and mental health needs in 2023 as evidenced through chart audit results above corporate target of 95%.

Opportunities for improvement or changes identified:

- DSNP and CSNP results showed a decreased of comprehensive ICT provider participation rate in 2023 (target 22%). Provider participation in the comprehensive ICT meeting is optional and depends on providers' availability. Case managers send out invitations, but not all PCPs may be able to attend. It is the responsibility of the Case managers to connect with the providers post-meeting to share the outcome and ensure that any new intervention identified is coordinated properly. Consequently, we propose to continue with internal monitoring and deem a Corrective Action Plan unnecessary.

Outcome Goal 2: Improved coordination of care through an identified point of contact or gatekeeper

SHP's MOCs utilizes a gatekeeper model where the primary care physician acts as a gatekeeper. The gatekeeper is the Plan member's contact point to refer for testing and specialist referrals or other needs. The Plan's case manager who is an APRN or RN, acts as a point of contact or liaison between the member and all care providers and assists in accessing formal and informal benefits/services.

Areas of improvement/strength

- In 2023, all SNPs demonstrated improved Health Risk Assessment (HRA) initial and annual completion rates at over 90% for initials and annuals with improvements from the previous year. These rates demonstrated stability across SNPs but continue to fall below the CMS required target of 100% (exception I/IESNP Initials at 100%). Although these two metrics show as unmet, the results are high for SNPs overall and corrective actions are not needed. The taskforce has considered that a corrective action is only needed if rates fall below 85% in order to take into consideration member refusals or members who cannot be reached.
- All SNPs demonstrate compliance with process to ensure PCP or specialist providers review and/or provide care plan feedback with results above the goal of the 95%.
- All SNPs had Member Satisfaction Surveys conducted on Elevance's behalf by The Dieringer Research Group, an independent market research supplier and/or Simply's Outreach Team utilizing tools from the Dieringer Research Group. The survey assessed member satisfaction with Case Management. There were six satisfaction indicators related to this goal included in the evaluation, with a target goal of 85% satisfaction or above for each. IIESNP, DSNP and CSNP plan members gave high ratings in all measures, at or above target, but especially the following:
 - Members expressed their CM "treated me with respect" (99% I/IESNP, 97% DSNP and 100% for CSNP).
 - Members demonstrated high satisfaction with "CM Provided me with support" (99% IIESNP, 95% DSNP and 98% for CSNP).

Opportunities for improvement or changes identified:

- The following two (2) measures were not met for DSNP and CSNP plans in 2023. CMS goal for each of these new measures is 100% completion rate. The taskforce has considered these targets to be very challenging as they do not account for members terminating or expiring before having a completed Individualized Care Plan (ICP) or Interdisciplinary Care Team (ICT). No corrective action needed for completion rate of 85% or greater.
 - To ensure active enrollees have an individualized care plan (ICP) completed within 30 days of HRA completion.
 - DSNP – 99.35%
 - CSNP – 99.14%
 - To ensure active enrollees have an ICT/ICP feedback completed within 30 days of individualized care plan (ICP) completion.
 - DSNP – 98.93%
 - CSNP – 98.85%

Based on the results achieved, this goal was not met for DSNP and CSNP plans with a total of 11 indicators met out of 15 (73.33%) both plans. The taskforce agreed that due to strong and stable performance, corrective actions were not needed at this time. SHP will continue to assess performance indicators to ensure improved coordination of care through a single point of contact or gatekeeper.

Outcome Goal 3: Improve Transitions of Care across Settings and Providers

Simply Healthcare Plans maintains procedures to deliver and coordinate care transition interventions for SNP members experiencing transitions across care settings and providers. The goal is to help members and caregivers successfully navigating these changes. For this goal, the majority of benchmarks were achieved across SNPs in 2023.

Areas of improvement/strength:

- To ensure CMs complete minimal weekly ongoing follow-up with member:
 - I/IESNP – 92% in 2022 to 100% in 2023
 - DSNP – 95% in 2022 to 96% in 2023
 - CSNP – 100% in 2022 to 100% in 2023

Opportunities for improvement or changes identified:

- For I/IESNP, “to maintain and/or improve I/IESNP ER visits x 1000” increased for 2023 (1057.5) compared with 2022 (532.3) and above the target (<1052x1000) . Increase number of ER visits X 1000 is attributed to the increase in the IIESNP membership reaching above 800 of total enrollees in 2023. Despite the challenges and increase on ER visits X 1000, the plan was able to maintain readmission rate (18.9%) and the admissions x 1000 (535.8) metrics below target in 2023, and with improvement over previous year in the case of the admissions x 1000. The Taskforce determined a corrective action is not needed at this time.
- DSNP readmission rate was unmet, recorded at 22% - above the intended target of 18%. This rise in the DSNP readmission rate can be traced back to the growth in DSNP membership in 2023. Despite the increase in DSNP readmission rates and the challenges encountered, the plan still managed to meet targets for metrics of DSNP admissions x 1000 and ER visits x 1000 in 2023. Particularly, the DSNP admissions x 1000 metric was improved over the previous year. Continual internal monitoring of this indicator will be maintained. The Taskforce determined a corrective action is not needed at this time.
- The CSNP readmission rate indicator was unmet, registering at 24.70%, surpassing the designated target of 19.8%. The year 2023 brought significant challenges, one of which was staff availability. In spite of the increased readmission rate and the faced challenges, the plan managed to sustain the ER visits x 1000 (754.1%) and the admissions x 1000 (388.5) metrics in 2023, with an improvement over the previous year concerning the admissions x 1000. No Corrective Action Plan (CAP) is proposed.

Based on the results achieved, SHP will continue efforts to improve transitions of care across settings and providers. SHP will continue monitoring compliance with follow-up recommendations and corrective actions proposed. The results of efforts will be monitored on an ongoing basis and changes implemented as needed.

Outcome Goal 4: Improve Access to Preventative Health Services

The plan offers ample opportunities for preventive health services via its network and benefits. Members are motivated to use these services by providers, case managers and other unique initiatives.

Three new Hedis measures have been introduced in this goal as substitutes for previous indicators.

Areas of improvement/strength across SNPs:

- Provider Satisfaction Survey had positive results overall. Medicare providers express high levels of satisfaction with the health plan's case and disease management programs, surpassing the target goal of 85%.
- Interim HEDIS results for measure related to Comprehensive Diabetes Care: Eye Exam rate continue to demonstrate strong results with ranking higher than the National Mean.
- DSNP and CSNP Interim HEDIS results for measures related to Breast Cancer Screening surpassed the National Mean and demonstrated improvement from 2022 overall.

Opportunities for improvement or changes identified

- In 2023, this goal was met overall for all three SNP plans with a 92.30% of indicators met across the board.

Based on the results achieved, SHP will continue planned efforts to improve access to preventative health services and no additional follow-up recommendations were identified.

Outcome Goal 5: Assure Appropriate Utilization of Services

Criteria associated with utilization of services goal incorporate chart audits, member satisfaction surveys, admission and ER rates, pharmacy generic dispensing rates, and behavioral health outpatient visits and penetration rates. Both the DSNP and CSNP plans met all the criteria (100%). However, the I/IESNP plan did not meet the target for one of the indicators.

Areas of improvement/strength:

- DSNP and CSNP plans met or exceeded targets for inpatient admissions and ER visits per 1000, demonstrating improvements in population health and use of appropriate care settings.
- Every SNP (I/IESNP, DSNP and CSNP) showed adherence to case management review and documentation of member inpatient and ER utilization and needs. They surpassed the goal for discussing benefits and community resources with members, reaching beyond the 95% target.
- In each SNP (I/IESNP, DSNP, CSNP), member satisfaction concerning "CM's assistance in maximizing plan benefits" received a rating significantly above the 90% target.

Opportunities for improvement:

- The indicator to maintain and/or improve ER visits per 1000 was not achieved in the I/IESNP plan. The surge in ER visits X 1000 is linked to an increase in I/IESNP membership (over 800 total enrollees in 2023). Despite the increase in ER visits X 1000, the plan managed to reduce admissions x 1000 to 535.8, showing an improvement over the last two years. Moreover, among the three SNP plans, I/IESNP was the only product that managed to keep the readmission rate indicator within the target range. As such, the Taskforce concluded that there's no requirement for corrective action at this time.

Given the results that have been accomplished, SHP will continue planned efforts to ensure effectively and efficiently utilization of services, thus promoting healthier outcomes for the members.



Outcome Goal 6: Improve Member Health Outcomes

Evidence of member health outcomes can be found through multiple measurement sources, including but not limited to member satisfaction metrics, yearly comparisons of health risk assessments (HRAs), and the introduction or continuation of HEDIS measures for the control of medical or chronic conditions, senior access, and medication usage. Additionally, a study on member health conditions and prevalence rates was conducted to identify significant population changes due to the emergence of new diagnoses or the onset of new diseases for members, and to determine if any new initiatives are required. The findings were in line with the expectations and the Model of Care (MOC). Consequently, there is no need for changes to the target population or current processes.

For this goal, the majority of benchmarks were achieved across SNPs in 2023.

Areas of improvement/strength:

- Member Satisfaction survey had positive results overall. Medicare members gave high ratings to confidence in ability to take you medication, and overall program satisfaction.
- Members showed good improvement in self-perception of health for DSNP and CSNP.
- IIESNP and DSNP demonstrated membership maintained or decreased member risk levels, fall rate and depressive symptoms compared to baseline.

Opportunities for improvement:

- Findings from the CSNP plan revealed a small increase in members reporting depressive symptoms and incidences of falls. These measures derive from the Member's Health Risk Assessment (HRA) responses. As a whole, CSNP membership exhibited an enhancement in the year-over-year risk score for members assessed, signaling an overall improvement. The taskforce did not suggest any corrective action. Continual internal monitoring of these indicators will be maintained.

Based on the results achieved, SHP will continue efforts to improve member health outcomes.

Conclusion for 2023 MOC Annual Evaluations: The Simply Healthcare Plan's MOC Annual Evaluation Taskforce has concluded that overall each Special Needs Plans was able to maintain and improve most of the evaluated measures, and there were no areas identified for corrective actions plans. SHP will continue efforts to improve the effectiveness of it's Models of Care in achieving established goals.